

# UMC Canine PRA research

Breed: \_\_\_\_\_

## Individual Dog Information

Blood – Tissue – other \_\_\_\_\_

Previously sampled - or - New sample?

Registered Name \_\_\_\_\_ Call name \_\_\_\_\_

Reg# \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex? M – F Neutered/Spayed? Y – N

Sample Submission Date: \_\_\_\_\_ Color \_\_\_\_\_

Sample submitted for which research project? PRA \_\_\_\_\_

Owner: name \_\_\_\_\_ breeder's name \_\_\_\_\_

address \_\_\_\_\_ address \_\_\_\_\_

phone (day) \_\_\_\_\_ phone \_\_\_\_\_

phone (eve) \_\_\_\_\_

fax \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

Does this dog exhibit any of the following conditions? (*Please attach history for any Yes answer*)

- |                                   |  |
|-----------------------------------|--|
| Y - N Allergies                   | Y - N Digestive difficulties                       |
| Y - N Arthritis                   | Y - N Heart Problems                               |
| Y - N Autoimmune Disorders        | Y - N Hernia (where? _____ )                       |
| Y - N Bite or Tooth Abnormalities | Y - N Reproductive Problems                        |
| Y - N Cancer / Tumors             | Y - N Seizures                                     |
| Y - N Cataracts / Vision Problems | Y - N Skin / Coat Problems                         |
| Y - N Deafness / Hearing Impaired | Y - N Skeletal Abnormalities (Hip Dysplasia, etc.) |
| other (please list):              | Y - N Temperament Problems (shy, aggressive, etc.) |

Testing done on this dog:

CERF Y - N (If "Y", please list all dates tested and results – use back of page if needed)

date:\_\_\_\_\_ result:\_\_\_\_\_ CERF #\_\_\_\_\_

date:\_\_\_\_\_ result:\_\_\_\_\_ CERF #\_\_\_\_\_

date:\_\_\_\_\_ result:\_\_\_\_\_ CERF #\_\_\_\_\_

date:\_\_\_\_\_ result:\_\_\_\_\_ CERF #\_\_\_\_\_

OFA/PennHip Y - N age at test: \_\_\_\_\_ result:\_\_\_\_\_ #\_\_\_\_\_

Thyroid Y - N age last tested:\_\_\_\_\_ result:\_\_\_\_\_

other (please list):

**See following pages for PRA-specific questions – please complete for ALL sampled dogs.**

### ATTACH PEDIGREE COPY TO THIS FORM

Please circle your response to the following;

- I am / am not willing to provide additional blood samples if needed for research.
- I will / will not consider donation of a tissue sample upon the death of this dog, and will discuss this decision with my veterinarian so that a notation is placed in my file.

I submit this sample and pedigree for the purpose of DNA research; I understand that the identity of dogs and owners participating in the research will not be revealed; and I have supplied complete and accurate information, to the best of my knowledge.

Signed: \_\_\_\_\_ date \_\_\_\_\_

## Canine PRA-specific Questionnaire

Has this dog been diagnosed as affected with **Progressive Retinal Atrophy (PRA)**?

Yes No (If yes, please include copy of exam report)

Answer the following questions only if you answered "Yes" to the above question:

- Who made the diagnosis of PRA in this dog? (*check all that apply*)
  - My regular veterinarian
  - A veterinary ophthalmologist  
(please list the ophthalmologist \_\_\_\_\_)
  - Other (please explain) \_\_\_\_\_
- At what age was visual impairment first noticed? \_\_\_\_\_
- Was the onset of visual impairment sudden or gradual? \_\_\_\_\_
- How old was your dog when PRA was diagnosed? \_\_\_\_\_
- How was the diagnosis made? (*check all that apply*)
  - History and physical examination
  - Maze-testing
  - Electroretinogram (ERG)

Have any relatives of this dog been diagnosed with **PRA**? Yes No Don't Know

If yes, which relatives? Sire Dam Sibling Offspring Other \_\_\_\_\_

Paternal Grandsire Paternal Grand-dam Maternal Grandsire Maternal Grand-dam

When is the best time to reach you by phone? \_\_\_\_\_

### Veterinary Contact Information

#### Primary Care

Vet Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Phone # \_\_\_\_\_

#### Ophthalmologist

Name \_\_\_\_\_

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

City,St,Zip \_\_\_\_\_

Phone # \_\_\_\_\_

May we have your permission to contact your veterinarians to request records and discuss your dog's health history, diagnostic testing, and possible treatment options? Yes No

Signed: \_\_\_\_\_ date: \_\_\_\_\_

**CHANGES IN VISUAL ABILITY and PHYSICAL ACTIVITY**

Compare this dog's current physical activity to its earlier activity and ability. Please circle the correct answer.  
If you need additional space to describe changes, please use back of form or attach additional pages.

	<b>Normal - or - Degree of Change</b>				<b>Describe Changes</b>
1. Bumps into objects, clumsy	normal	mild	moderate	severe	_____
2. Climbing up or down stairs	normal	mild	moderate	severe	_____
3. Ability to see during the day	normal	mild	moderate	severe	_____
4. Ability to see at night in dim light	normal	mild	moderate	severe	_____
5. Ability to see moving objects	normal	mild	moderate	severe	_____
6. Ability to see stationary objects	normal	mild	moderate	severe	_____
7. Ability to see near objects	normal	mild	moderate	severe	_____
8. Ability to see far away objects	normal	mild	moderate	severe	_____
9. Tremors or shaking	normal	mild	moderate	severe	_____
10. Head movements	normal	mild	moderate	severe	_____
11. Circling, trance, or compulsive behavior	normal	mild	moderate	severe	_____
12. Inappropriate or persistent vocalization	normal	mild	moderate	severe	_____
13. Appears nervous	normal	mild	moderate	severe	_____
14. Housetraining	normal	mild	moderate	severe	_____
15. Change in appetite	normal	increase	decrease		_____
16. Change in water consumption	normal	increase	decrease		_____

Please describe any other health problems or behavioral abnormalities (use back of page if needed): \_\_\_\_\_

\_\_\_\_\_